

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1						51								
2	1						52								
3	1						53								
4		1					54								
5		1					55								
6	1						56								
7		1					57								
8		1					58								
9	1						59								
10		1					60								
11		2					61								
12	1						62								
13		1					63								
14		1					64								
15		3					65								
16		3					66								
17	1						67								
18		1					68								
19		1					69								
20		3					70								
21		3					71								
22	1						72								
23		1					73								
24		1					74								
25		1					75								
26		2					76								
27		2					77								
28		2					78								
29		2					79								
30		2					80								
31	1						81								
32		1					82								
33		1					83								
34		3					84								
35		3					85								
36		3					86								
37		3					87								
38	1						88								
39		1					89								
40		2					90								
41		2					91								
42		2					92								
43		2					93								
44		2					94								
45		2					95								
46		2					96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	10						TOTAL IND.								
TOTAL DEP.	65						TOTAL DEP.								
TOTAL CLAIMS	75						TOTAL CLAIMS								